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CONFIRMATION NO. 3439

SERIAL NUMBER 10/786,299	FILING DATE 02/26/2004 RULE	CLASS 438	GROUP ART UNIT 2818	ATTORNEY DOCKET NO. M4065.0984/P984	
APPLICANTS Brent A. McClure, Boise, ID; ** CONTINUING DATA ***** <i>None</i> ***** ** FOREIGN APPLICATIONS ***** <i>None</i> ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/18/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged		STATE OR COUNTRY ID	SHEETS DRAWING 14	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 5
ADDRESS 24998 DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP 2101 L Street, NW Washington, DC 20037					
TITLE Self masking contact using an angled implant					
FILING FEE RECEIVED 1266	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		